


**TRANSMITTAL
FORM**

(Use this form for all correspondence after initial filing)

Total Number of Pages in This Submission

	Application Number	10/633,509
	Filing Date	August 5, 2003
	First Named Inventor	Keng-Yu Shih
	Art Unit	1755
	Examiner Name	David R. Sample
Total Number of Pages in This Submission	3	Attorney Docket Number
		W-9459-02

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form (2x *)	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input checked="" type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declarations)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request (2x *)	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CID, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CID	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Remarks	

* 2x = Duplicate Copies

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	W R Grace & Co Conn		
Signature			
Printed name	Howard J Troffkin		
Date	April 11, 2007	Reg. No.	25184

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Angela M. Porrovicchio	Date	April 11, 2007

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.